

SUPPLEMENT ATTACHED

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 142  
Registered No. 206

## 1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 1245 Granite Springs Add.

2. Full name of child David Fuller (If birth occurred in a hospital or institution, give its NAME instead of street and number)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth May 13-1928 (If child is not yet named, make supplemental report, as directed.)

8. FATHER  
Full name Henry Edward Fuller  
9. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona

10. Color or race 1/2 Canc. 1/2 Mex.  
11. Age at last birthday 28 (Years)

12. Birthplace (city or place) Chinipae, Sonora  
(State or country) Mex.

13. Occupation  
Nature of industry Miner

20. Number of children of this mother \_\_\_\_\_ (Taken as of time of birth of child herein certified and including this child).  
(a) Born alive and now living 4  
(b) Born alive but now dead \_\_\_\_\_  
(c) Stillborn \_\_\_\_\_

14. MOTHER  
Full maiden name Ampara Valle  
15. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona

16. Color or race 1/2 Canc. 1/2 Mex.  
17. Age at last birthday 26 (Years)

18. Birthplace (city or place) Phoenix  
(State or country) Arizona

19. Occupation  
Nature of industry Housewife

21. Were precautions taken against ophthalmia neonatorum. yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was born alive at 11 A. m. on the date above stated.

\* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Leyl M. Brown M.D.  
Physician (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona

Month, day, year \_\_\_\_\_ Filed May 28 1928  
Registrar. H. D.